

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2371

-62-008279

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Homer G. Phillips

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS 3141a Thomas

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Jones

Last

4. DATE
OF
DEATH

Month

Day

Year

2

25

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Unknown

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (City and state or country)

Unknown

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

E. Jones

13b. MOTHER'S MAIDEN NAME

McBrown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

Unknown

16. SOCIAL SECURITY NO.

4457-8-1000

17. INFORMANT

Albert Brown

Address

4457-8-1000

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Malnutrition and Dehydration

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Starvation, Etiology undetermined

Undet.

DUE TO (c)

2865

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerosis, generalized

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

2-23-62

to 2-25-62

and last saw him alive on 2-25-62

12:45

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B. Proffitt MD

(Degree or title)

22b. ADDRESS

2601 N. Whittier Street

22c. DATE SIGNED

2-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

3-2-1962

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Jackson 2741 Dickson

25. DATE RECD. BY LOCAL REG.

FEB 28 1962

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leroy W. Brannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.